



PATIENT

Luna Binetti

SPECIES

Canine

BREED

Husky x

SEX

Spayed Female

AGE

9

WEIGHT

58.8

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Esposito

INVOICE

72811

DATE

2/9/25

PRESENTING CLINICAL SIGNS

Presented for annual exam and vax PU/PD went to obtain urine sample found masses.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. Left kidney measured 6.0 cm. Right kidney measured 6.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measured 0.67 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen

The spleen revealed a mild to moderately expansive, non-homogeneous, variably hyperechoic splenic mass with associated splenic capsule distortion, measuring 3.5 cm in diameter.

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. A primarily spherical, non-homogeneous, essentially cystic mass appeared to be deriving from the caudal liver with secondary gastric displacement, measuring 8.0 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The stomach was mildly displaced secondary to the mass in the area of the caudal liver.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

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An indistinctly margined, unspecified caudal abdominal to retroperitoneal mass was noted cranial to the urinary bladder and appeared to surround major vasculature such as the distal aorta. The mass measured at least 11.0 cm in diameter.

SEX

Spayed Female

A solitary, mildly enlarged, non-homogeneous, cystic mesenteric lymph node was visualized, measuring 2.6 cm in diameter.

No overt retroperitoneal or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Unspecific caudal abdominal/retroperitoneal mass.
- Splenic mass.
- Hepatomegaly with probable centrally cystic caudal hepatic mass.
- Focal to likely intermittent non-homogeneous to cystic mesenteric lymphadenopathy.
- Mild gallbladder debris (non-mucocele).
- Sonographically normal bilateral adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplastic criteria is met i.e., multicentric sarcoma, carcinoma, or other. Assuming normal clotting status, hepatosplenic and undifferentiated mass FNA cytology could be considered for further clarification. 3-view chest radiographs suggested if not done. Abdominal CT would be ideal for further assessment and clarification.

IMAGING PERFORMED BY

Jenn

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

HOSPITAL NAME

Rockaway Animal Hospital

<https://sonopath.com/services/vetimaging/>

REFERRING VET

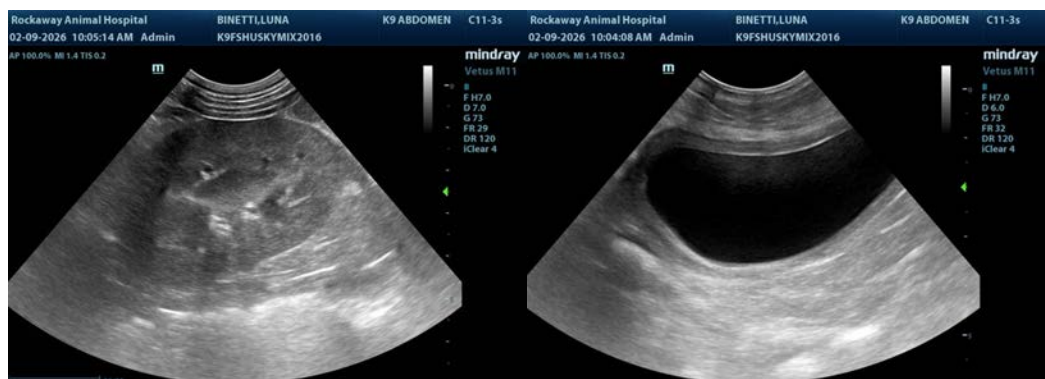
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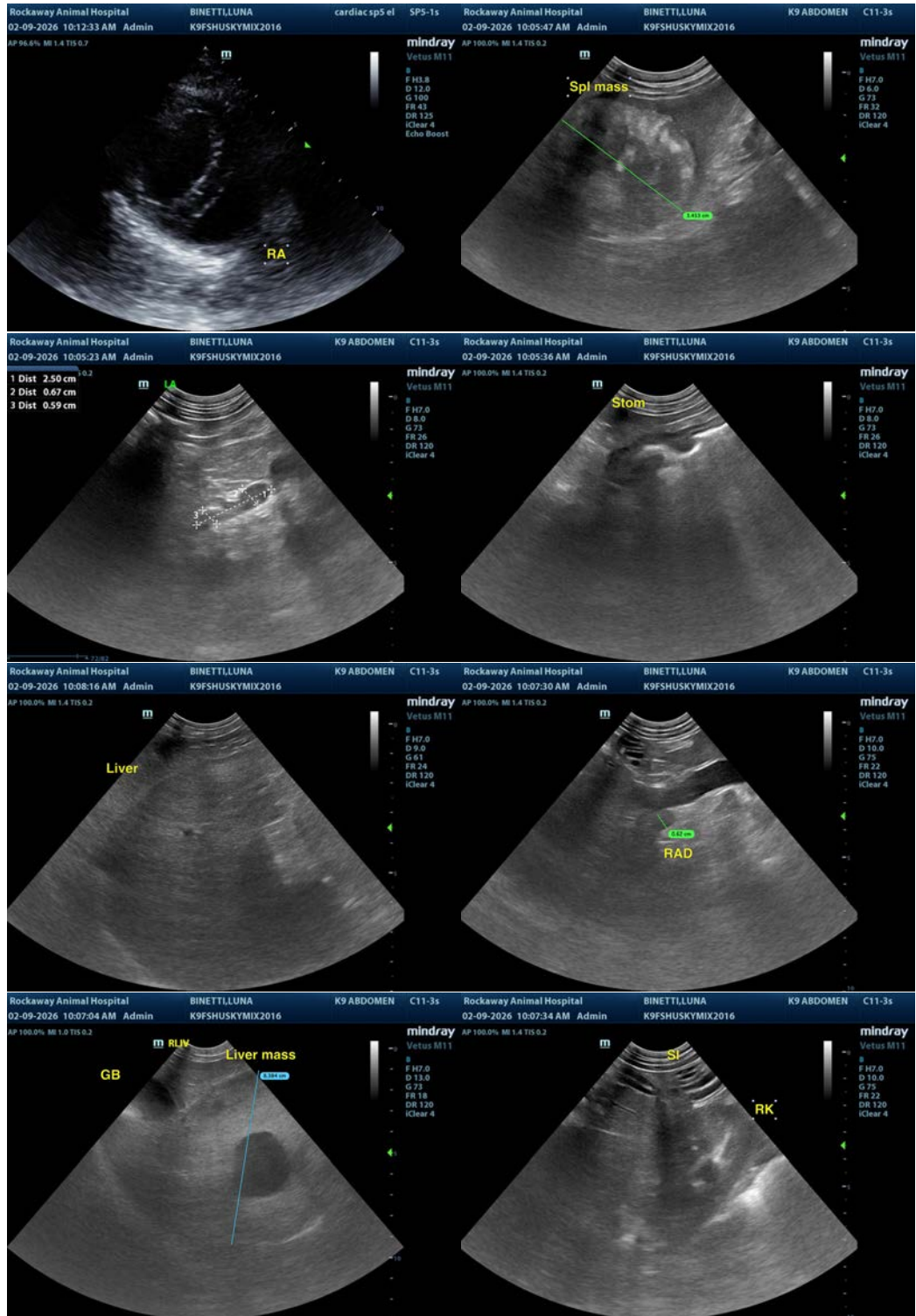
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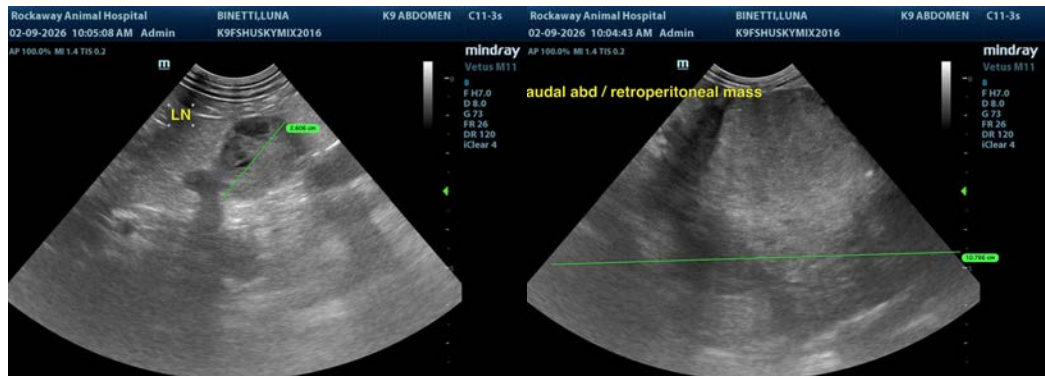
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com